



Working with African American Older Adults: The AAAE Cultural Competency Training

*Karen D. Lincoln, Ph.D., MSW, M.A.
University of Southern California
Associate Professor, School of Social Work
Director, Hartford Center of Excellence in Geriatric Social Work
Founder & Chair, Advocates for African American Elders
Associate Director, USC Edward R. Roybal Institute on Aging*

Module 2

Assess

The AAAE Cultural Competency Training: Mental Health in Context

- **A**cknowledge: The importance and impact of culture, history, differences, unique experiences, individuality and expertise in one's own life.
- **A**ssess: Clients'/consumers' perspectives, beliefs, attitudes, cultural identity, strengths, assets, needs and previous experiences with mental health providers.
- **A**dvocate: For client/consumer needs, awareness and education, access to quality services, and supportive policies.
- **E**ngage: Clients/consumers using culturally competent methods. Participate in outreach strategies that are culturally relevant.

Assess defined

- To estimate or determine the significance, importance, or value of.
- Evaluate.

*What do you need to
make an assessment?*

Some assessment tools are limited...

- Assessment of depression, anxiety, and dementia among African American older adults may be complicated by potential differences in symptom presentation or reporting and a lack of assessment instruments validated for use with ethnically diverse older populations.

Limitations of assessment tools

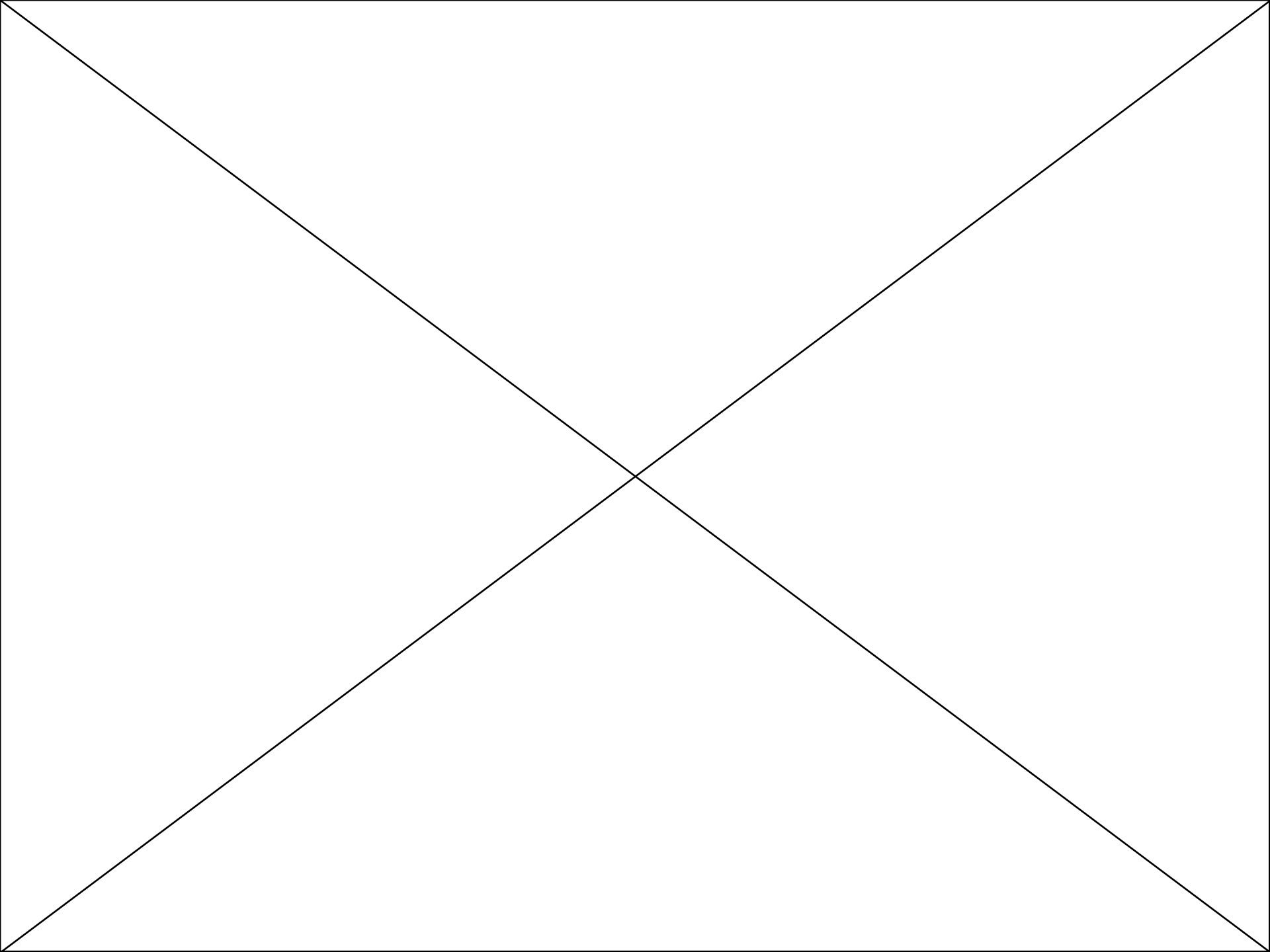
- The Geriatric Depression Scale was developed specifically for use with older populations. However, evidence for its utility with African Americans older adults is mixed.
- The GDS has been found to have poor sensitivity among community-dwelling African American older adults.
- The Center for Epidemiological Studies-Depression Scale (CES-D) is reported to be more reliable than the short form GDS for assessing depression in older African Americans.

Variation in symptom presentation

- Compared to Whites, depressed African American older adults may be less likely to express suicidal ideation or report sadness and dysphoric mood.
- Older African Americans with Generalized Anxiety Disorder (GAD) have more somatic and general symptoms of anxiety compared to Whites.
- Though not specific to older adults, African Americans with GAD across age groups express more positive affect compared to Whites.

Interpretation of symptoms without proper attention paid to the cultural nuances in their expression attributes to this disparity.

African Americans' Beliefs about and Mental Health



What is “good” mental health?

“Good” mental health

- Self-understanding
- Being responsible
- Resiliency
- Decision making skills
- Coping skills
- Spiritual connection
- Being centered or grounded
- Having a strong sense of self
- Having a sound moral foundation
- Having self-mastery
- Bi-cultural, dual personality
- Having flexibility in interactions
- Strong sense of spirituality
- Strong belief in God
- Having positive role models

What causes mental illness?

Causes of mental illness

- Inadequate or lack of coping skills
- Lack of opportunities
- Media
- Substance abuse
- Negative role models
- Identity problems
- Violence in community, domestic violence
- Father absence
- Legacy of slavery and racism
- Micro-aggressions
- Racial profiling
- Stress (financial problems, family relations, interpersonal rejection)
- Neurological disorders (heredity)
- Mental deficiency, imbalance
- Learning disabilities
- Character flaw
- Crisis
- Emotional instability
- Cultural loss
- Cultural change
- Culture shock

*How do you maintain
mental health?*

Coping strategies to maintain mental health

- Natural support system
- God
- Family
- Friends
- Positive role models
- Freedom from racism
- Having culturally competent providers
- Treatment options

Support systems

- Personal resilience
- Interpersonal relations (family, friends)
- Professional help
- Higher power (God)
- Safe environment
- Power of prayer
- Spiritual connection
- Laying on of hands

Mental health issues for African American older adults in California

- Fear
- Trauma
- Stigma
- Misdiagnosis
- No appropriate access
- Not being understood
- Loneliness and isolation

Fear

- *“And, one thing we have to realize also that a lot of people especially African Americans, they have a fear, inner fear, a hidden fear I should say of even admitting that there might be something wrong.”*
- **-Betiye, 68 years old, Contra Costa County**

Trauma

- *“In the case of mental health, my experience was that once when I was ah going through a traumatic situation ... with people.... And stuff like that, and then stuff started happening to me and I was reacting abnormally, but I didn’t know at that time that I was abnormal till after I came out of it and then I started getting some help.”*
- **-Arthur, 70 years old, Richmond**

Stigma

- *“We don’t like people into our business. I don’t want my sister to come over and say I’m crazy, and why do I need mental health.”*
- **-Norma, 59 years old, Sacramento**

Misdiagnosis

- *“I was hearing voices you know. I had been through a lot of deaths at that time in my life and you know it was like they were coming to me talking to me... I done went to my doctor and started telling my doctor and he telling me, are you sure. And, I’m telling him yes I’m sure. And, I’m constantly telling you this... I’m trying to explain to him what’s going on in my life, what’s going on with me and I need it to stop or whatever, ... I was diagnosed with ah schizophrenic. That’s what they told me.... To actually look up the word and see what it actually mean and just because I had these dreams, it, it happened for a while, I don’t classify myself as schizophrenic.”*
- **Jacquelyn, 81 years old, San Diego**

No Appropriate Access

- *“.... get on the right medication, the right help. You know you can go to like a, ah mental health department and, and state you have a problem and they wanna pass the buck and give you the shuffle and that frustrates you like ah ain't nothing wrong with me. Then, and then I tell them this, and they say no, that's not it. And, they just give you the runaround but they don't wanna believe what you saying about how you feeling inside, or what you're going through. And they send you, like you stuck at downtown mental health. You go there and they wanna send you way to, to um east LA somewhere you don't know how to get there. Don't know the streets, don't know the streets, or nothing and you get lost and frustrated so you just push it to the side, and keep going and it gets worse.”*
- **-Brigitte, 50 year, Oxnard**

Not Being Understood

- *“There is a difference between African Americans and Whites. If I am mentally ill, I want the resources and somebody around to help; somebody who understands about what is going on. I don’t want it to be like, sometimes, Blacks get arrested and police do not understand that it is a mental problem. You need people with training and understanding, professional people who are trained to know what to do and can recognize mental illness.”*
- **Marlene, 72 years old, Sacramento**

Loneliness and Isolation

- *“People are just lonely. People don’t understand when all your folk are gone. You don’t have anyone to turn for help. I try to help my daughter, but she doesn’t understand. I’m just lonely and don’t have anyone to help.”*
- **-Gloria, 81 years old, Compton**

Perceptions of the Mental health delivery system

- Overmedication
- Misdiagnosis
- Agency runaround
- Mistreatment
- Inappropriate screening
- Lack of validation
- Systemic and systematic flaws
- Lack of cultural awareness
- Non-local services
- Stigma
- Impersonal treatment
- Male socialization
- Insincere service
- Unfair funding practices
- Lack of trust
- Insurance scam
- Inequitable distribution of resources
- Cost of services

Perceptions of Mental Health Treatment

- Poor assessments
- Misdiagnosis
- Improper medication
- Difficulty being heard
- Difficult to know where to go
- Don't want medication

Barriers to service use

- Not enough African American providers
- Stigma associated with mental illness
- Lack of health care
- Lack of knowledge, education about mental health
- Lack of trust
- Unequal treatment
- Funding
- Limited access
- Lack of trust
- Long waiting list
- Sterile environment
- Stigma associated with mental illness

An accurate assessment is informed by an understanding of mental health from the clients' perspective.

Exercise: Secrets...

Insight from African American older adults

*Alameda County Behavioral Care
Services (“ACBCS”) African American
Informational Meeting, December 12,
2008, Oakland CA*

The greatest behavioral health challenge for older African Americans

- Isolation
- Loss
- Grief
- Depression
- Changes related to aging
- Medical challenges
- Misdiagnosis
- Lack of information about medical conditions, medication, medication management, services and supports

The greatest behavioral health challenge for older African Americans

- Stress/challenges
 - Caring for grandchildren
 - Adult children
 - Spouses with illnesses
- Poor outreach to older adults
- Appropriate education regarding behavioral health
- Loss of self-esteem
- Feelings of being “put aside”
- Lack of compassion
- Lack of physical touch, contact, acknowledgement of sexuality

Causes of behavioral health challenges

- Stigma
- Stereotypes
- Embarrassment/shame
- Ageism
- Lack of specific education regarding aging issues (broadly)

Solutions to address and/or solve the challenges/problems

- Create learning institutions
 - Providers
 - Clergy
 - Community overall
- Outreach where seniors congregate
 - Senior housing
 - Senior centers
 - ADHC
 - Banking
 - Personal need providers
 - Nutrition programs

Solutions to address and/or solve the challenges/problems

- Encourage partnerships between civic and social groups to reach out and provide support.
- Senior groups to go into community and share feelings, concerns and experiences
- Senior outreach to peers
- Increased African American providers in the workforce that focus on older adults
- Develop more models of comprehensive and holistic care for older adults
- Strategies that provide in-home or in-facility support

Solutions to address and/or solve the challenges/problems

- Institutions of higher learning (including seminaries) to incorporate up-to-date education regarding aging
- Education of seniors and providers
- Increased knowledge about medications and medication management
- Develop partnerships with the faith-based community related to recovery and behavioral health to engage in education outreach and service provision efforts.

Solutions to address and/or solve the challenges/problems

- Identify ways to increase and encourage involvement in creative arts and leisure arts
- Provide childcare or respite to parenting seniors or those with caregiving responsibilities
- Increased and improved transportation services
- Support with “case management” needs
 - Social services
 - Medicare
 - Medical agencies
 - Accessing needed services

Solutions to address and/or solve the challenges/problems

- Strategies to decrease:
 - Exploitation of seniors
 - Variety of abusive situations
 - Financial burdens
 - Physical and emotional (family) stressors
 - Substance abuse
- Use media to educate seniors
 - behavioral health
 - wellness
 - recovery

Take home points

- Differences in symptom presentation and limitations of assessment tools increase the need for knowledge of cultural expressions and nuances.
- Knowledge of beliefs and attitudes about mental illness and perceived barriers are useful for developing strategies to engage older African Americans.
- Recommendations by African American older adults are informative and reflect cultural beliefs and experiences with mental health services.